## AUG 3 1 2006

		U.S. Pa	and and Trademark Officer U.S.	PTO/SB/22 (07-06) igh 09/30/2006. OMB 0831-0031 DEPARMENT OF COMMERCE				
		on of information unless if displays a valid QMB control number.  Docket Number (Optional)						
PETITION	FOR EXTENSION OF TIME UNDER FY 2005	Documental (open)	- <i>y</i>					
(Foes	pursuant to the Consolidated Appropriations Act	177	7511					
Application			Filed 4/1	2004				
	rgy Information Syste	m and Sub-		Boord				
Art Unit	2857 quest under the provisions of 37 CFR 1.13	16/n\ to extend the ner						
application.	quest under the provisions of 37 CFR 1.13	o(a) to extend the pen	oo lor ming a reply in or	2 25070 19011111100				
The request	ted extension and fee are as follows (chec	_		e fee below):				
		<u>Fee</u>	Small Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$60	•				
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	s				
🖾	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
	Four months (37 CFR 1.17(a)(4))	\$1590	\$785	\$				
	Five months (37 CFR 1.17(a)(5))	\$2160 -	\$1080	\$				
Applica	int claims small entity status. See 37 CFR	1.27.						
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
☐ The Di	rector is hereby authorized to charge	any fees which may	be required, or credit	any overpayment, to				
Deposi	il Account Number 50-194	3 I hav	re enclosed a duplicati	e copy of this sheet.				
WARNING: Information on this form may become public. Credit eard information should not be included on this form.  Provide credit card information and authorization on PTO-2038.								
I am the	applicant/inventor.							
	assignee of record of the enti- Statement under 37 CFR	3.73(b) is enclosed (	Form PTO/SB/98).					
	attorney or agent of record. R	egistration Number	3/149	<del></del>				
attorney or agent under 37 CFR 1.34.  Registration number, #egisp under 37 CFR 1.34								
<u> </u>	> hot to	the second	5/3					
	Signature			Dite				
	TOHN BBUNGE		<u>609-80</u>	75-6639				
Typed or printed name Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one								
NOTE: Signature la req	res of all the inventors or assignees of record of the e juired, see below.	anure interest of their represe	numve(s) are required. Submit	UNITED COURS A LINE CASE (CIS)				
Total	of forms as Information is required by 37 CFR 1.136(a). The Info	re submitted.	or catalo a banalit by the public	which is to file (and by the				
USPTO to process complete, includir comments on the	se) an application. Confidentiality is governed by 35 ting guidening, preparing, and submitting the complete is amount of time you manufe to complete this form are	U.S.C. 122 and 37 CPR 1.11 d application form to the USF d/or successions for reducing	and 1.14. This collection is as: *TQ. Time will very depending this burden, should be sent to:	upon the individual case. Any the Chief Information Officer,				
U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.								

Cfustment date: 01/11/2007 CKHLOK 09/05/2006 EFLORES 00000100 501943 09 FG-2253 510.00 CR If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2. 10814341

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request:/0 -0 / 2 Serial/Patent #/1   8 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /								
3 Please refund the following fee(s):		4 PAPE NUMB		5 DATE FILED	6 AMOUNT			
	Filing				`\$			
	Amendment				\$			
	Extension of Time			8-31-86	\$ 578			
	Notice of Appeal/Appeal				\$			
	Petition				\$			
	Issue			·	\$			
	Cert of Correction/Terminal Disc.				\$			
	Maintenance				\$			
	Assignment		·		\$			
	Other				\$			
		7 TOTAL AMOUNT \$5/0			\$5/0			
		8 TO	BE R	EFUNDED E	BY:			
10 REASON:		Treasury Check						
	Overpayment	1/	C	redit Dep	osit A/C #:			
	Duplicate Payment	9	, [5	70 1	1943			
	No Fee Due (Explanation):							
Fee not necessary								
11 RE	FUND REQUESTED BY:							
TYPED/PRINTED NAME: Karen Creasy TITLE: Petitions Examiner								
SIGNATURE: PHONE: 2-3208								
OFFICE: Petitions								
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APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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